

## EMAIL REQUIREMENTS PROFORMA

Full Name:

Present status:

Teaching Staff                       Doctor                       Student

For Teaching staff / Doctors only:

Designation:

Department:

For student only:

Class:

Roll No:

Preferred Email Address: name @szmc.edu.pk

Alternative Email Address:

Contact No:

Note:

- A copy of College Identity card must be attached with this Proforma, otherwise your Email Account can not be created.
- Details of your new e-mail account will be informed to you with in 7days, on the contact No. or Alternative Email address provided.
- Submit your Proforma in Computer Lab Community Medicine department.